

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No. 0938-0193
4.30 Continued

State/Territory: NORTH CAROLINA

Citation

- (b) The Medicaid agency meets the requirements of-
- 1902(p) of the Act
P.L. 100-93
(secs. 7)
- (1) Section 1902(p) of the Act by
excluding from participation-
- (A) At the State's discretion,
any individual or entity for any reason
for which the Secretary could exclude
the individual or entity from
participation in a program under title
XVIII in accordance with sections 1128,
1128A, or 1866(b)(2).
- 42 CFR 438.808
- (B) Any MCO (as defined in section 1903(m)
of the Act) or an entity furnishing
services under a waiver approved under
section 1915(b)(1) of the Act, that-
- (i) Could be excluded under section
1128(b)(8) relating to owners and
managing employees who have been
convicted of certain crimes or
received other sanctions, or
- (ii) Has, directly or indirectly,
substantial contractual
relationship (as defined by the
Secretary) with an individual or
entity that is described in section
1123(b)(8)(B) of the Act.
- 1932(d)(1)
42 CFR 438.610
- (2) An MCO, PIHP, PAHP, or PCCM may
not have prohibited affiliations with
individuals (as defined in 42 CFR 438.610(b))
suspended, or otherwise excluded from
participating in procurement activities under
the Federal Acquisition Regulation or from
participating in non-procurement activities
under regulations issued under Executive
Order No. 12549 or under guidelines
implementing Executive Order No. 12549. If
the State finds that an MCO, PCCM, PIHP, or
PAHP is not in compliance, the State will
comply with the requirements of 42 CFR
438.610(c).

TN No. 03-04
Supersedes
TN No. 88-01

Approval Date NOV 18 2003

Effective Date 8/13/2003

HCFA ID:

1010P/0012P

LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachment</u>
*I.I-A	Attorney General's Certification
*I.I-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
*Supplement I -	Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
*Supplement 2 -	Definitions of Blindness and Disability <u>(Territories only)</u>
*Supplement 3 -	Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements <u>(States only)</u>
•Supplement I -	Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
•Supplement 2 -	Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and Other Optional Groups
•Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
•Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program
*Forms Provided	

TN No. 03-04
Supersedes
TN No. 92-01

Approval Date NOV 18 2003

Effective Date 8/13/2003

HCFA ID: 7982E

State/Territory: North Carolina

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

B . Optional Groups Other Than the Medically
Needy (Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(Section 9517) P.L.
101-508 (section
4732)

X 3 The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of The Public Health Service Act or a Managed Care Organization (MCO), or a Primary Care Case Management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in 1905(a)(4)(C).

X The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility.
The minimum enrollment period is six months (not to exceed six).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

TN No. 03-04
Supersede
TN No. 02-14

Approval Date: NOV 18 2003

Effective Date 8/13/2003

HCFA ID: 7983

State/Territory: North Carolina

Agency*	Citation(s)	Groups Covered
1932(a)(4) of	B.	<u>Optional Groups Other Than the Medically Needy</u> (Continued) The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. ____ Disenrollment rights are restricted for a period of ____ months (not to exceed 12 months). During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. <u>X</u> No restrictions upon disenrollment rights.
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g)		In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP or PCCM when, they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. <u>X</u> The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. ____ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

*Agency that determines eligibility for coverage.

TN No. 03-04
Supersedes
TN No. 92-11

Approval Date NOV 18 2003

Effective Date 8/13/2003

HCFA ID: 7983E

State: North Carolina

Citation

Sanctions for MCOs and PCCMs

1932(e)
42 CFR 428.726

- (a) The State will monitor for violations that involve the actions and failure to act specified in 42 CFR Part 438 Subpart I and to implement the provisions in 42 CFR 438 Subpart I, in manner specified below:
- (b) The State uses the definition below of the threshold that would be met before an MCO is considered to have repeatedly committed violations of section 1903(m) and thus subject to imposition of temporary management on a case by case basis:
- (c) The State's contracts with MCOs provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under 42 CFR 438.730(e).

_____ Not applicable; the State does not contract with MCOs, or the State does not choose to impose intermediate sanctions on PCCMs.